

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 34051

FILED NOV 12 1948 318

Registration District No.

Primary Registration District No. 1003

Registrar's No. 9401

1. PLACE OF DEATH:

(a) County ST. LOUIS
(b) City or town ST. LOUIS
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: ST. LOUIS MATERNITY HOSPITAL
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution TWO DAYS (Specify whether
In this community years, months or days)

3. (a) PRINT FULL NAME INFANT MAEE DEBRUCE

3. (b) If veteran, name war. 3. (c) Social Security No.

4. Sex MALE 2, 5. Color or race NEGRO 6. (a) Single, widowed, married, divorced SINGLE
6. (b) Name of husband or wife 6. (c) Age of husband or wife if alive years
7. Birth date of deceased OCTOBER 9 1948
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
2 hr. min.

9. Birthplace ST. LOUIS MISSOURI
(City, town, or county) (State or foreign country)

10. Usual occupation

11. Industry or business

12. Name JESSIE DEBRUCE
13. Birthplace MERIDIAN MISSISSIPPI
(City, town, or county) (State or foreign country)
14. Maiden name ALBERTA GORDON
15. Birthplace MERIDIAN MISSISSIPPI
(City, town, or county) (State or foreign country)

16. (a) Informant ST. LOUIS MATERNITY HOSPITAL
(b) Address 630 SO. KINGSHIGHWAY
17. (a) Anatomical Board (b) Date thereof OCT 31 1948
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Anatomical Board

18. (a) Signature of funeral director Rowley Mont. Somers
(b) Address 4104 Manchester
19. (a) OCT 31 1948 (b) J. B. Laster
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County
(c) City or town ST. LOUIS
(If outside city or town limits, write "RURAL")
(d) Street No. 4448 COTTAGE AVENUE
(If rural, give location)
(e) Citizen of foreign country? NO (Yes or No)
If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month OCTOBER 11, year 1948, hour 4.55, minute P. M.
21. I hereby certify that I attended the deceased from OCTOBER 9, 1948, to OCTOBER 11, 1948, and that death occurred on the date and hour stated above.
that I last saw him alive on OCTOBER 11, 1948.
Immediate cause of death

Cerebral hemorrhage 2 d.

Due to Brain injury

Due to Contracted pelvis

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy Cerebral hemorrhage

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify)
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?

While at work? (Specify type of place) (e) Means of injury

23. Signature J. B. Laster (M. D. or other) M.D.
Address 630 S. Kingshighway Date signed 10/29/48

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....
....., Registered Apprentice No.....
working under my personal supervision.

Signed.....

Licensed Embalmer No.....

P. O. Address.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.